

# CLAIMS ONLY

SERIAL NO.

09964994

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52		1				
3		1					53						
4		1					54						
5	1						55						
6		1					56						
7	1						57						
8		1					58						
9	1						59						
10		1					60						
11		1					61						
12	1						62						
13		1					63						
14		13					64						
15		13					65						
16		13					66						
17		13					67						
18	1						68						
19		1					69						
20	1						70						
21	1						71						
22	1						72						
23		1					73						
24	1						74						
25		1					75						
26		1					76						
27	1						77						
28		1					78						
29	1						79						
30	1						80						
31	1						81						
32	1						82						
33	1						83						
34		1					84						
35		1					85						
36		1					86						
37	1						87						
38		1					88						
39		1					89						
40		1					90						
41	1						91						
42		1					92						
43		1					93						
44	1						94						
45		1					95						
46		1					96						
47	1						97						
48		1					98						
49	1						99						
50		1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	22	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	3078	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	520					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 964994

FILING DATE

09-26-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2	/					
3		/				
4		/				
5	/					
6		/				
7	/					
8		/				
9	/					
10		/				
11		/				
12	/					
13		/				
14		13				
15		13				
16		13				
17		13				
18	/					
19		/				
20	/					
21	/					
22	/					
23		/				
24	/					
25		/				
26		/				
27	/					
28		/				
29	/					
30	/					
31	/					
32	/					
33	/					
34		/				
35		/				
36		/				
37	/					
38		/				
39		/				
40	/	/				
41	/					
42		/				
43		/				
44	/					
45		/				
46		/				
47	/					
48		/				
49	/					
50		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
53						
54						
55						
56						
57						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	22	↓		↓		↓
TOTAL DEP.	78	←		←		←
TOTAL CLAIMS	100					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS